		CIVI APPL	Effective	December	ERMINATION 8, 2004	REC	CORD		Appi - (///	ication o	r Docke	el Numb
	- <b>1</b>	CLAIR	MS AS FIL	ED - PART	1		SMALL	ENTITY	<u>,                                    </u>	200	VI/	
ŀ			(	(Column 1) (Column 2)			SMALL ENTITY TYPE				OTHER THAI SMALL ENTIT	
r		AL STAGE FEI	ES			$\neg$	RAT	E   F	EE	<u> </u>	RATE	F
E	ASIC FEE		SMAL	L ENT. = \$ 150	LARGE ENT. = \$ 30	0	BASIC FEE		_	OB BA	OR BASIC FEE	
Ε	XAMINATION	FEE		PCT Article 33(1)- \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200	1	EXAM FE			<u> </u>		- 1 M
SEARCH FEE			ALL of	A = \$50 / \$ 100 her countries =	ALL other situations	-				EXAM. FEE		20
E	E FOR EXTR	A SPEC. PGS.	\$ :	200/\$ 400 minus 100 =	\$ 250 / \$ 500	SEARCH FEE		EE		SEA	RCH FEE	™ /We
_		EABLE CLAIMS	15		/ 50 =	4 1	X \$ 125	=		X	\$ 250 =	
_	DEPENDENT		111	minus 20 = .			X \$ 25	=		OR X	\$ 50 =	7
-			PRESENT	minus 3 = .		11	X \$ 100	=	- (	OR X	\$ 200 =	1
_	ULTIPLE DEPENDENT CLAIM PRESENT  If the difference in column 1 is less than zero, enter "0" in column 2						+ \$ 180	=		DR + \$	360 =	<del>                                     </del>
		oo ar column r	is less than	in column 2		TOTAL			DR T	OTAL	<del>                                     </del>	
_		(Column 1) CLAIMS REMAINING		MENDED - PART II  (Column 2) (Column 3)  HIGHEST			SMALL	ENTITY			OTHER MALL E	
	Total	AFTER AMENDMENT		PREVIOUS PAID FO	SLY EXTRA		RATE	ADDI TIONA FEE	4	R	ATE	ADDI TIONA FEE
	Independent	*	Minus		=		X \$ 25 =		OF	3. X.\$	50 =	
l	<del></del>	ENTATION OF I	Minus	***	=	×	\$ 100 =		OF	₹ X\$2	200 =	
L			MOLTIPLE DE	PENDENT CLA	IM L	<u> </u>	\$ 180 =		OR	+\$3	60 =	
						то	TAL ADDIT. FFF		OR	TOTAL		<del></del>
_		(Column 1)		(Column 2	)(Column 3)							
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT		RATE	ADDI- TIONAL FEE	7	RAT	E	ADDI- TIONAL
In	otal	·	Minus	**	=	×	\$ 25 =		OR	V 6 6	_	FEE
	dependent		Minus	***	=	-	100 =	<del></del>	1	X \$ 5		<del></del>
F	IRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT CLAIM		-	180 =		OR	X \$ 20	-	
							L ADDIT.		OR	+ \$ 36		
						1	FFF <b>L</b>		OR	FFF		
th	e "Highest Numb	n 1 is less than the e er Previously Paid I er Previously Paid Fo r Previously Paid Fo	LOL IN THIS SE	ACE is less than '2	20', enter "20".							

FORM 910-875 (Rev. 02/2005)

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